

**Massachusetts Department of Public Health
Weekly Distribution System Fluoridation Report-Form B**

Purpose: This form is to be used by the public water supply (PWS) to document fluoride concentrations in the distribution system of the PWS.

Directions:

1. Enter the monitoring period in month/year format.

Section I: Each week during the month, the public water system (PWS) must collect at least one (1) water sample from a tap(s) that represents the water from the distribution entrance point **for a total of at least four (4) distribution samples per month**. At least one (1) distribution sample should be collected at a location(s) near a school. **If the system is providing water to other consecutive PWS it must evenly distribute its 4 weekly distribution samples across the entire combined distribution system. **Please note DPH may require more than 4 weekly distribution samples.**

Section II: Enter 1. the PWS name; 2. 7-digit MassDEP assigned Public Water System identification number; 3. City or Town; and 4. List all contributing fluoridated source(s), MassDEP Source Code(s), and Location ID/Name.

Distribution System Reporting:

1. **Sample Location:** Enter the distribution sample location (# or name)
2. **Sample Address:** Enter the address of the location sampled
3. **Split Sample:** Record if this distribution sample will be used as the month's split sample.
4. **Results of Weekly Fluoride Test:** Enter the fluoride concentration in milligrams/liter (ppm).
5. **Name of Tester/Comments:** Each day enter the name of the operator who is testing the fluoride levels and or comments (example: well offline-no testing).
6. **The last day of each month the Certified Operator or responsible person must:**
 1. Enter their name, sign and date the form; and 2. Complete the PWS contact information.

***** At least four (4) distribution samples MUST be collected and tested each month.
At least one (1) distribution sample should be collected near a school**

**** Form A, B, and C must be returned to the Massachusetts Department of Public Health Office of Oral Health by the 10th day following the reporting month**

Electronic copies of all forms are located at DPH Office of Oral Health
<http://www.mass.gov/dph/fch/ooh.htm> and MassDEP/DWP <http://www.mass.gov/dep/water/>

WEEKLY DISTRIBUTION SYSTEM FLUORIDATION REPORT Month of _____

Section I. INSTRUCTIONS:

Each week during the month, the PWS must collect at least 1 sample from a tap(s) in its distribution system for a total of at least 4 distribution samples per month. At least one distribution sample should be collected at a location near a school. If the system is providing water to other consecutive PWS it must evenly distribute its 4 samples across the entire combined distribution system.

Section II. PWS INFORMATION:

PWS Name: _____ 2. PWS ID#: _____ 3. City/Town or District: _____

List all contributing Fluoridated Source(s) /MassDEP Source Code/Location ID: _____

Which days of the month were distribution samples collected and analyzed?	Distribution System Samples Collected and Analyzed with PWS Analytical Equipment. (Equipment must be acceptable to MassDEP and DPH)			Results of Weekly Fluoride * Test (ppm) analyzed by PWS	Name of Tester & Comm e.g. reason(s) for not sampling Use additional paper if necessary
	Sample Location # or name	Sample Address	SPLIT SAMPLE Check (✓) if this distribution sample will be split for analysis?		
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I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate, and complete to the best of my knowledge and belief.

Name of PWS certified operator or responsible party: _____ Signature: _____ Date: _____

Phone #: _____ Fax#: _____ Email address: _____

Section III. DPH USE: Date received _____ Comments: _____

PWSs approved by MassDEP for Fluoridation treatment must return all pages of this report form (A, B & C) by the **10th day** following the reporting month to: Department of Public Health, 250 Washington Street-5th floor, Boston, MA 02108. Attn: Office of Oral Health